



Decatur County  
Memorial Hospital  
The Quality Care You Want. Close By.

**DECATUR COUNTY MEMORIAL HOSPITAL  
CONFIDENTIALITY STATEMENT  
NON-EMPLOYEE WITH ACCESS TO PROTECTED HEALTH INFORMATION  
(PHI)**

I, understand and agree that in the performance of my duties as an employee or agent of Decatur County Memorial Hospital, I must hold ALL patient medical information as well as hospital proprietary information in the strictest of confidence.

I understand that a violation of any patient's rights to privacy or confidentiality of their medical information or other confidential information as stated above may result in punitive action against me, possibly including immediate dismissal from employment, contract agreement and/or loss of privileges.

I understand that I must be aware, at all times, of patient's rights to privacy, as well as other confidential information including when I am away from my designated area, such as in the cafeteria, hallways or in any other part of the medical facility.

If I have access to computers within the medical facility, I will only access them for legitimate (medical facility) business purposes. I will not access computer information just because I am curious and want to know more about a particular patient or patients. In addition, I will not leave the computer screen unattended for any length of time, so as to allow unauthorized access to medical information. I will not, under any circumstance, divulge my computer password (allowing access to the computer system) to anyone at any time. Any physician or mid-level provider with privileges at DCMH shall not divulge their passwords or passphrase to anyone at any time.

When I leave the medical facility, I understand that I do **NOT** have the right to discuss private information or proprietary information as related to my responsibilities, privileges or patient information with my friends or family members at any time.

When I leave Decatur County Memorial Hospital, I also understand that I still have a continued responsibility to uphold all patients' rights to privacy as well as confidential information about the medical facility. This means that I will not divulge confidential information about any patient or the medical facility regardless of whether I am working there or not.

\_\_\_\_\_  
Signature of Non-employee

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of witness

\_\_\_\_\_  
Date

HIPAA Medical Staff SELF STUDY POST TEST

True or False

1. Protected Health Information concerns any health information about an individual's past, present or future health condition.

True \_\_\_\_\_ False \_\_\_\_\_

2. Only physicians and hospitals must comply with HIPAA.

True \_\_\_\_\_ False \_\_\_\_\_

Mark the correct answer/answers

3. To request a copy of a medical record or a report, a healthcare provider's office should \_\_\_\_\_ a. Telephone Health Information Management

\_\_\_\_\_ b. Fax the request to the Department originating the report

\_\_\_\_\_ c. Fax a request to Health Information Management

4. Minimum necessary information means

\_\_\_\_\_ a. Only hospital staff should have access to patient's health information.

\_\_\_\_\_ b. Providers may share patient information with other physicians, only if the physician is also seeing the patient.

\_\_\_\_\_ c. Healthcare workers should have all the information needed to accomplish their job, but no more.

\_\_\_\_\_ d. Disclosures of health information should be limited to that needed to accomplish the intended purpose.

5. The Privacy Regulations requires a healthcare provider to

\_\_\_\_\_ a. Obtain informed consent for treatment of the patient.

\_\_\_\_\_ b. Require a healthcare provider to deny treatment if the patient does not sign a consent to use his/her health information.

\_\_\_\_\_ c. Requires a healthcare provider to provide a patient the opportunity to read or receive a copy of the provider's *Notice of Privacy Rights*.

6. The Organized Health Care Arrangement between the Hospital and Medical Staff permits physicians to see patients in the Hospital under the *Notice and Consent* obtained by the Hospital.

True \_\_\_\_\_ False \_\_\_\_\_

I have reviewed the HIPAA Self Study and understand the policies of DCMH regarding HIPAA regulations.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_



# HIPAA FOR DCMH MEDICAL STAFF SELF-STUDY

## What it is and How it Affects DCMH and the DCMH Medical Staff

### Background

HIPAA stands for Health Insurance Portability and Accountability Act. It was passed in 1996. Title One of the law deals with the portability of health insurance coverage as people change jobs.

Title Two deals with standardized code sets and standardized electronic transmission of payment claims, insurance applications and any healthcare financial electronic transmission. With a waiver, full implementation is not required until October 2003.

Title Two also addresses privacy and security of all health information. The privacy section must be fully implemented by April 14, 2003. The security section, recently published, deals with security of electronic transmissions. It is effective in April 2003, but will not need to be fully implemented until April 2005.

There were three main purposes behind the HIPAA legislation. They are: (1) to give the control of an individual's health information to the individual, (2) to restore the trust in healthcare by controlling disclosures of health information for marketing purposes, for criminal use, such as identity theft, or unethical disclosure to attorneys involved in civil disputes, such as divorce, and (3) to improve the efficiency of claim payment by standardization of codes and forms across the country.

### Who Must Comply

All healthcare providers who provide health services and bill for them, all health plans, all clearing houses, billing companies or any entities that process health information are covered entities.

### What is Protected Health Information

All health information, when combined with any one of 28 elements listed as identifying elements, which is anything for which there is a reasonable basis to believe the element may be used to identify an individual, is protected health information. Health information includes every fact concerning the individual's past, present or future health condition.

#### HOW TO REQUEST A COPY OF MEDICAL RECORDS

Fax the request from your office to Health Information Management 812-663-1223. The Health Information Management Department will fax your office the requested information. The Fax from you will serve as documentation of the request. Please do not phone HIM or fax/phone the department requesting the copies.

#### WHAT IS REQUIRED OF PHYSICIANS AT DCMH

1. Take the reasonable care to prevent incidental disclosures of health information.
  - a. Speak softly when discussing patient's care.
  - b. Close chart holders when not in attendance.
  - c. If disposing of documents with patient information, use the locked bins designated for "confidential trash."
  - d. Ask the patient's permission, if the patient is cognizant, before sharing health information with family members. Verbal consent is all that is needed.
  - e. If patient is not cognizant, share information only with the patient representative, or someone you are reasonably sure is involved in the patient's care.
  - f. In an emergency, may contact family members you have reason to believe are closely involved with the patient.
  - g. Do not discuss your patients with anyone who does not need the information in order to do his/her job.
  - h. Do not check out other physicians' patients, or patient's charts, unless you have been asked to consult or cover for that physician.
  - i. Report any accidental disclosures of protected health information to Health Information Management or Compliance.

Examples:

- a. A fax of test results received by you by mistake and sent from DCMH.
- b. Test results sent to you but the patient is not yours.
- j. Know the Privacy Rights of Individuals
  - a. Right to be told how their health information will be used.
  - b. Right to review their health information (medical record).
    - i. Physician may review the record with the patient, but it is not required.
    - ii. Health Information Management will arrange for the patient to review the record post discharge.
  - c. Right to obtain copies of medical records. HIM will provide copies. The Hospital may charge a per page fee for copying.
  - d. Right to have errors corrected.
  - e. Right to know when corrections are complete.

## HIPAA for DCMH Medical Staff

Page 3

- f. Right to ask for amendment of records.
  - i. Request must be in writing.
  - ii. Hospital may grant request or may refuse depending on request and circumstances. Decision will be reached with agreement of author of disputed section.
- g. Right to know who has or had access to their medical record.
  - i. Hospital must keep an accounting of all disclosures of medical information except those made for treatment, payment or hospital operation purposes.
- h. Right to review the Hospital's policy for the use of protected health information for treatment, payment and hospital operations.

### Organized Health Care Arrangement

1. Comprised of the Hospital, the Hospital Health Plan, and the Medical Staff.
2. Permits physicians to care for patients in the Hospital under the privacy notice and consent given patients by the Hospital.
3. Permits physicians to participate in peer review and Hospital committee work.
4. Has no legal bindings or obligations.

### Disclosures of Protected Health Information

1. To family share information only with a cognizant patient's consent. Without consent may not share with anyone including the patient's spouse. Non-cognizant patient-share information only with patient representative, or an individual you are reasonably sure is involved in the patient's care. In an emergency, may contact family members you have reason to believe are closely involved with the patient.
2. To law enforcement-Blood or body fluid after office has signed affidavit that test is needed for an ongoing criminal investigation. No other information except location in the Hospital may be given.
3. To agencies as required by law-do not need a consent or authorization, but must be logged for an accounting to the individual, if an accounting is requested within the next six (6) years.
4. To News Media-Unless the patient has asked that no information be released, only the patient's location in the Hospital and general condition, (good, fair, serious or critical) may be given without written authorization from the patient. The Hospital has designated the Executive Director of Human Resources or the Administrator on call to be the Media Spokesperson for the Hospital. The name of the attending physician will not be released, without permission of the physician.
5. For treatment or payment-need no additional consent or authorization from patient.
6. For transfer-use EMTALA transfer policy and form.

7. An authorization signed by the patient or patient representative is needed for any disclosure not for treatment, payment, and hospital operations or as required by law.

#### HIPAA Penalties

1. Knowing and wrongful disclosure of health information-not more than \$50,000 and one (1) year imprisonment.
2. Disclosed under false pretenses-not more than \$100,000 and five (5) years in prison.
3. Disclosed with intent to sell, transfer or use for commercial advantage, personal gain, or malicious harm-not more than \$250,000 and ten (10) years in prison.